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19  
SUCCESSFUL CASE  
OF  
SARIAN OPERATION,  
AND ITS  
COMPLETE RECOVERY;  
WITH SUBSEQUENT PREGNANCY, ABORTION, AND  
FATAL TERMINATION.

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WITH THREE ILLUSTRATIVE DIAGRAMS.

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## CÆSARIAN OPERATION.

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*The history of the Cæsarian operation is exceedingly unfortunate in the annals of obstetric surgery. The rescue of an individual from its dangers is an event less frequent and less likely than from the casualties of any other department of operative surgery, and deserves to be especially recorded as an encouragement, both to the surgeon and to those who may be placed in a situation to require so formidable a mode of assistance.*

The language of the most celebrated writers on Obstetrics is pregnant with fears and despondencies upon the success of this important operation, especially in respect to Great Britain, so far as regards the life of the parent. True it is that many able authorities boldly recommend the performance of this operation, but the encouragement vouchsafed savors more of a theoretical and experimental than of a practical character. I well remember when a student at the London University, under the late justly celebrated Dr. Davis, who had the high honour of introducing into the world of the present youthful and beloved sovereign, that the Cæsarian operation was set forth by him as a last and hopeless resource, and made out after the manner of a recipe for the embalming of the body, or as a winding sheet for the enclosure of the dead, than as an operation from which any success could, from past experience, be anticipated. Dr. Blundell says, "To the fœtus the Cæsarian incisions are, should seem, unattended with danger when performed sufficiently early; but although in these cases the danger to the fœtus is small (if any), it is admitted on all hands that the peril to the mother is extreme." And at page 366 he says, "Every woman for whom the Cæsarian operation can be proposed to be performed, will probably die." He seems to think that the recovery of the mother in the case of Mr. Barlow, of Blackburn, was owing entirely to his vigorous habit; and "that the cause of failure in all other cases must have been in consequence of its performance upon women of broken constitutions — *the subjects of malacosteon* — which itself generally, if not always, is a fatal disease." Again, at page 364, "Much of the danger of the Cæsarian incisions must, I think, be ascribed to a cause over which we have but little control: I mean the cachexy of malacosteon." The cases of recovery presented in these pages, will be found to be entirely at variance with such an opinion. I would remark, too, upon the case of Mr. Barlow, in 1793, that I have received information from one of the most respectable and highly talented surgeons, that Mr. Howard of Wigan, and afterwards of Southport, now retired from practice, was present at this so called Cæsarian operation, and was wont to say, "That it was an excellent case of its kind, but not a Cæsarian."

ion; for the foetus having previously escaped through a rupture of the uterus during an expulsive pain, the uterus was therefore not affected by the operation. There was also abundance of space in the pelvic outlet, and no occasion for the Cæsarian section at all." This case was therefore improperly designated. Dr. Hull, of Manchester (says Mr. Howarden), often remarked, that "this case should never to have been published as a Cæsarian operation." We now come to the facts connected with this operation, after they have been obtained from the most careful research and diligent scrutiny. Dr. Blundell says, "In England, should any operation be performed, it is not very likely to remain concealed, owing to the glorious publicity of the press;" therefore we may expect, from details which have been carefully gathered, not many cases of failure, and none of recovery, have escaped detection. Dr. Merriman gives a list of cases in which this operation has been performed in the British hands, which, with some additions subsequently obtained, are tabulated in the following table:—

# Table of the Caesarian Operations, performed

| No. | Hours in Labour. | Date. | Died Mother. | Died Child. | Recovered Mother. | Recovered Child. | Operator.       |
|-----|------------------|-------|--------------|-------------|-------------------|------------------|-----------------|
| 1   | 12 days          | 1739  | ...          | Dead        | Recovered         | ...              | Mary Dunnally   |
| 2   | 5 days           | 1793  | ...          | Dead        | Recovered         | ...              | Mr. Barlow      |
| 3   | ...              | "     | ...          | ...         | Recovered         | Alive            | Mr. Knowles     |
| 4   | ...              | 1845  | ...          | ...         | Recovered         | Alive            | Mr. Goodman     |
| 5   | 7 days           | 1737  | Dead         | Dead        | ...               | ...              | Mr. R. Smith    |
| 6   | ...              | "     | Dead         | ...         | ...               | Alive            | Professor Young |
| 7   | ...              | ...   | Dead         | ...         | ...               | Alive            | Professor Young |
| 8   | ...              | 1740  | Dead         | Dead        | ...               | ...              | Dr. White       |
| 9   | ...              | "     | Dead         | Dead        | ...               | ...              | Mr. Wood        |
| 10  | 24 hours         | 1769  | Dead         | ...         | ...               | Alive            | Mr. Thompson    |
| 11  | 2 days           | 1774  | Dead         | ...         | ...               | Alive            | Dr. Cooper      |
| 12  | 12 days          | 1774  | Dead         | ...         | ...               | Alive            | Mr. Chalmers    |
| 13  | ...              | 1775  | Dead         | Dead        | ...               | ...              | Mr. White       |
| 14  | 3 days           | 1777  | Dead         | ...         | ...               | Alive            | Mr. Atkinson    |
| 15  | 8 days           | "     | Dead         | Dead        | ...               | ...              | Mr. Clarke      |
| 16  | 12 hours         | 1794  | Dead         | ...         | ...               | Alive            | Dr. Hull        |
| 17  | 10 days          | 1798  | Dead         | Dead        | ...               | ...              | Dr. Hull        |
| 18  | 2 days           | 1795  | Dead         | ...         | ...               | Alive            | Dr. Hamilton    |
| 19  | 3 days           | 1798  | Dead         | ...         | ...               | Alive            | Mr. Kay         |
| 20  | ...              | 1799  | Dead         | ...         | ...               | Alive            | Mr. Wood        |
| 21  | ...              | 1800  | Dead         | ...         | ...               | Alive            | Mr. John Bell   |
| 22  | ...              | "     | Dead         | ...         | ...               | Alive            | Mr. Dunlop      |
| 23  | ...              | "     | Dead         | Dead        | ...               | ...              | Mr. Wood        |
| 24  | 24 hours         | "     | Dead         | Dead        | ...               | ...              | Dr. Kellie      |
| 25  | ...              | "     | Dead         | Dead        | ...               | ...              | Mr. K. Wood     |
| 26  | ...              | 1817  | Dead         | ...         | ...               | Alive            | Barlow and Co   |
| 27  | ...              | 1821  | Dead         | ...         | ...               | Alive            | Barlow & Dug    |
| 28  | 18 hours         | "     | Dead         | ...         | ...               | Alive            | Dr. Henderson   |
| 29  | 34 hours         | 1820  | Dead         | Dead        | ...               | ...              | Dr. Radford     |
| 30  | 19 hours         | 1821  | Dead         | Dead        | ...               | ...              | Dr. Radford     |
| 31  | 6 days           | 1826  | Dead         | ...         | ...               | Alive            | Mr. Chrichton   |
| 32  | ...              | 1829  | Dead         | Dead        | ...               | ...              | Dr. M'Kibbin    |
| 33  | ...              | "     | Dead         | Dead        | ...               | ...              | Mr. Ward        |
| 34  | ...              | 1834  | Dead         | Dead        | ...               | ...              | Dr. Montgomery  |
| 35  | ...              | 1843  | Dead         | Dead        | ...               | ...              | Dr. Elliot      |
| 36  | ...              | "     | Dead         | Dead        | ...               | ...              | Mr. Whitehead   |
| 37  | ...              | "     | Dead         | Dead        | ...               | ...              | Mr. Braid       |
| 38  | ...              | "     | Dead         | ...         | ...               | Tws. lvg.        | Bailly & Hardy  |



# the British Islands, with their Results.

| Author's Name. | Locality.      | Where Recorded.                    |
|----------------|----------------|------------------------------------|
| e O'Neal       | Ireland        | Edin. Med. Essays, vol. 5.         |
| e Foster       | Blackburn      | Med. Rec. and Research.            |
| ...            | Birmingham     | Trans. Prov. Asso., vol. 4.        |
| . Sankey       | Manchester     | Brit. Rec. of Obstetrical, vol. 1. |
| erson          | Edinburgh      | Smellie's Midwifery, vol. 3.       |
| ...            | Edinburgh      | MSS. Lectures.                     |
| ...            | Edinburgh      | MSS. Lectures.                     |
| ...            | Manchester     | Hull's 1st Letter.                 |
| ...            | Edinburgh      | Hull's 1st Letter.                 |
| Rhodes         | London         | Med. Obs. and Enq., vol. 4.        |
| . Foster       | London         | Ditto ditto, vol. 5.               |
| . Clarke       | Edinburgh      | Hamilton's Outlines, 339.          |
| ...            | Glasgow        | Hull.                              |
| utehison       | Leicester      | Hull, p. 67.                       |
| ...            | Wellingborough | Mem. Med. Society, vol 5.          |
| Redman         | Manchester     | Hull's 1st Letter, p. 162.         |
| in Lee         | Manchester     | Ditto ditto, p. 172.               |
| ouglass        | Edinburgh      | Outlines.                          |
| ...            | Forfar         | Hull's Letter.                     |
| ompson         | Manchester     | Mem. Med. Society, vol. 5.         |
| ...            | Edinburgh      | Med. Chir. Trans., vol. 4.         |
| Holt           | Rochdale       | Hull's Trans. Band.                |
| ...            | Manchester     | Med. and Phys. Journal.            |
| ...            | Leith          | Ed. Journal, vol. 8.               |
| ...            | Manchester     | Med. Chir. Trans., vol. 7.         |
| acking         | Blackburn      | Barlow's Essays.                   |
| idgdale        | Ditto          | Merriman, p. 317.                  |
| . Lowe         | Perth          | Ditto, ditto.                      |
| ashwell        | Manchester     | Ed. Journal, No. 148.              |
| Nixon          | Manchester     | Ditto, ditto.                      |
| ...            |                | Ed. Journal, 1828.                 |
| ...            | Belfast        | Ed. Journal, 1831.                 |
| ...            | "              | Lancet, 1840.                      |
| ...            | Dublin         | Dublin Journal, vol. 6.            |
| ...            | Waterford      | Letter to Dr. Churchill.           |
| ...            | Manchester     | ...                                |
| ...            | Manchester     | ...                                |
|                |                | Manuscript to be published.        |

It is here shewn, that out of the thirty-eight operations known have been performed in these dominions, of a true Cæsar character, only three mothers have recovered, the children, two exceptions in the three cases, having died; and strange to relate, in one the operation was performed by a female with an ordinary razor, which throws some degree of doubt upon the whole statement. As before remarked, the case of Mr. B. was not a true Cæsarian section, and the child was also dead in that instance. Mr. Lizars, fearing that the coldness of the atmosphere might, in these cases, be the cause of fatal inflammation of the peritoneum, took the precaution of raising the temperature of the apartment in which he performed the incision to between eighty and ninety degrees Fahrenheit;\* and Dr. Monro seems to have been of the opinion, that the oxygen of the atmosphere may operate as a peritonitic stimulus to fatal inflammation. Another gentleman proposes, that if the access of the air be proved to contribute to augment the risk of Cæsarian delivery, we might readily diminish the danger, by operating beneath the surface of the abdominal wall, the heat of which might be brought to correspond with that of the internal part of the body. But it is shewn in the case about to be related, that neither oxygen, nor the exposure of the peritoneal surface to the air, possessed any influence in producing excessive or fatal peritoneal inflammation. In contemplating the two cases which have recovered in her majesty's dominions, we are led to believe that the very condition of the frame in *malacitas*, and some other states of debility, is, by the hands of Providence, appointed and best adapted for the healing of peritoneal incisions. Cases of healthy individuals can seldom be presented, where such or other wounds of the abdomen have occurred without the supervention of very severe, if not fatal inflammation; and yet, after the debilitating influence of ascites, a puncture may be made with perfect impunity. The cases recorded in this paper shew that there is a medium capable of being produced by judicious diet, &c., and a placid state of mind, even in that morbid condition termed *morbus costæ*; and amid the deteriorating contingencies of a large manufacturing city, which I conceive to be exactly midway between the inflammatory and the ulcerative, or the phlogistic and the atonic diathesis, a condition, in which the highly sensitive and inflamed serous membrane will recover from injury, as rapidly as any other texture of the body. The following note was sent to me by Mr. Knowles, of Birmingham, in reference to his case, which is recorded among the successful ones in the table:—"In answer to your communication of the 20th instant, I beg to inform you that mine was a genuine Cæsarian case, operated upon at the full period of utero-gestation, and with perfect success. The mother lived five years afterwards, when she died of pulmonary consumption; her husband died of the same disease about two years

\* In the operations for extirpation for diseased ovaria, Dr. Clay, in similar operations, regulates the heat of the apartment to about from 70 to 75 degrees. In this instance the apartment was heated to about 70.



sly. The child, which *was very delicate*, lived about ten

You will find the case reported in the fourth volume of *Transactions of the Medical and Surgical Association*. I took a great degree of trouble, at the time, in investigating the various recases of Cæsarion operation, and felt myself warranted in coming to the conclusion that mine was the first successful case that had taken place in this country. Mr. Crosse, of Norwich, in his retrospective address, in the fifth volume of the same work, seems to be of the same opinion." I have perused the account of this case, and it appears to be an extreme case of malacosteon, and almost a facsimile of the one here described.

I now proceed to relate the case of Mrs. Sankey, the subject of my paper, whom I have known, and attended in a medical capacity, for many years. She was the mother of three living children. I attended her during confinement, when the pelvis was unusually contracted in form, when her labours were easy, and accompanied by little trouble and danger. The first time my attention was attracted to the decreasing size of the pelvic cavity was about five years ago.

Her decreasing stature, &c., enfeebled health, as well as the form and condition of the osseous system, plainly declared that she was labouring under mollities ossium.

At that time the antero-posterior diameter of the pelvis was reduced to about two inches; and after consultation with one of my medical brethren, it was deemed necessary to effect delivery by the operation of craniotomy, which I performed, and she did well.

After judicious administration of various tonics and other reagents, she regained a moderate degree of health, and a strict injunction was laid upon her not again to become pregnant. Obedient, however, to this advice, probably supposing that her re-strengthened constitution would enable her with safety to pass through the ordeal of child-birth, and in spite of this strict injunction, she again became pregnant, and advanced through all the various stages of utero-gestation to the extreme period of pregnancy, without informing her medical adviser.

In the evening of the 19th November, 1845, I received the first notice of her arrival at the full period of pregnancy, and my attendance was particularly requested. Upon my arrival I ascertained that uterine pains had already commenced, which were rather severe about eleven o'clock. On examination, per vaginam, I perceived that the contraction of the pelvis had already assumed a most formidable character; the promontory of the sacrum having borne down upon, and considerably decreased, the antero-posterior diameter. The acetabula were forced inwards and upwards, in the direction of the sacrum, and the tuberosities of the ischium were actually brought into apposition, but slightly separated again at the point where the rami of these bones communicate with the pubis; producing, with the posterior portion of the sacrum, the form of the figure 8, as seen in the diagram.

between the promontory of the sacrum and the converging of the ilia; and its greatest diameter from one projection of the bone to another was not more than one inch and a quarter; the least, more than one inch; and these could only be reached by the finger with the greatest difficulty. The os uteri could not be touched by any manipulation. The remaining passage was contracted to about three quarters of an inch; and the external outlet was also considerably diminished by the junction of the ossa ilia, as will be seen upon reference to the accompanying diagram. Having fully explained to the husband the true nature of the case, and impressed upon him the utter impossibility of effecting delivery by the natural means, and that the only chance of saving the life of either mother or the child was by resorting to the Cæsarian section, I suggested the propriety of procuring a second opinion for the purpose of corroborating my statements, and Dr. Radford was accordingly fixed upon.

Upon Dr. Radford's arrival, Mrs. S— had been in strong pain for three hours, and after the necessary explanations, he fully coincided with me as to the necessity of the operation. After due preparations had been effected (in the accomplishing of which I have to thank him for much kind assistance), I proceeded to make the necessary incisions, about 3 a.m. The outer integument was divided by an incision of about nine inches in length, passing a few lines on the left side of the linea alba and umbilicus. This being effected, the uterus was freely and fully exposed, and I immediately made an incision in its walls to the extent of the former opening. The margin of the placenta was ascertained to correspond with the incisions. Dr. Radford seized the infant whilst I dislodged the head from the uterine cavity; and thus a fine living child was preserved from certain death.

I proceeded to remove the placenta as rapidly as possible, and by moderate pressure, succeeded in reducing the uterus to its proper locality; at the same time carefully guarding against protrusion of the intestines into the uterine cavity.

The disarranged intestines were restored to their normal position by Dr. Radford, whilst, with the interrupted suture, I closed the external wound, without attempting the application of any ligature to the uterus. It is scarcely necessary to state, that the ordinary dressings of adhesive plaister and bandage were applied. In an hour or two it was perceived that a portion of intestine protruded between two of the sutures, which was immediately and carefully reduced. Ordered Mucilag: acaciæ, capiat cochl. 2 vel 3 magniter in dies. R. Ext. Hyosey: 10 gr. hora somni sumend. After the administration, the patient became more than ordinarily composed. On the following day the symptoms were by no means severe, the pulse being 90, tongue clean, skin moist, and the urine evacuated. She had some sleep, and the infant was doing well. On the 21st no alvine evacuation had occurred, but there was vomiting of a black and coffee coloured fluid. An enema of spirit: terbinth: and gr...

dered to be administered through the æsophagus tube, and  
ced as far as the sigmoid flexure of the colon. On the 22d,  
wels not having responded, and the vomiting still continuing,  
d R. magnes: sulphatis, six drachms; magnes: calein: two  
s; tinct: card: comp: one drachm; aq: cinnam: three  
; m. capiat cochl: magn: tertia hora. Repet: pulv: vespere  
r great satisfaction these remedies induced a copious évacua-  
nd the vomiting ceased.

the 23d the patient's state was apparently satisfactory, but  
ound was discovered to be completely open, owing to the  
way of the sutures; and the peritoneal covering of the intes-  
ay open to the extent of six or seven inches, being exposed  
action of the atmospheric air. The integuments were so thin  
union by suture was impossible, and the part was therefore  
dressed with spread lint and the Empl. resinæ, and,  
e to relate, no constitutional disturbance, except of a very  
ory nature, was induced. In consequence, however, of  
empt to approximate the edges of the wound, and the neces-  
estruction of some adhesions already formed, the pulse for a  
urs rose to 118 or 120, but in the evening was again reduced

A moderate degree of inflammation having ensued, on the  
ng day they were covered, and matted together by effused plas-  
aph. This latter was speedily converted into granulations,  
g a level and cicatricieing sore of the most healthy charaeter,  
ges of which were brought together and dressed by strong ad-  
straps, compress, and bandage. Ordered, pulv: opii  $\frac{1}{2}$  gr.,  
t: aromat: grs. iv. ft pil: i, hora somni sumend. On the 25th  
lse was 92, and the patient progressing favourably. Ordered,  
sago, arrowroot, &c.: Rep: mist: mag: sulph: The infant  
so doing extremely well, a wet nurse having been procured.  
extr: hyoscy: grs. x., h: s. Complaining of a cough, the  
had the following mixture, R. tinct: eamph: co: three drachms;  
rhead: four drachms; mucilag: acac: two ounces. Capiat  
min. tusse urgente. R. morph: acet. gr.  $\frac{1}{4}$ ; ext: papav: gr. iii;  
pil: quaque nocte sumend: Continue the mucilage and  
the enema.

.. Pulse 88; tongue clean and appetite improving; ordered  
a broth, from a chick stewed for two hours in a muslin bag.  
a began to appear. Continuentur remediæ—R. Sod: bor:  
rachms, Mucilag: three ounces and a half; Syrup: rhead:  
ounce; paululum subinde sumend.

patient continued to improve until December 6th, when  
ordered to take wine and water, she unfortunately partook of  
raught porter, and on the following day excessive flatulence  
tention of the bowels ensued. By the force of the disten-  
e dressings were torn away, and the newly healed sore itself  
ptured to a considerable extent; the granulations were des-  
and worst of all, a new portion of bowel protruded through  
e in the sore from beneath the left iliac region. This portion  
el was ascertained to be so distended and inflamed by ex-



posure to the atmosphere, that it was impossible to reduce it to proper locality. Symptoms of strangulated hernia presented themselves, vomiting again commenced, the bowels ceased to respond to the action of the enema or haustus, and the pulse rapidly increased. The patient's life now becoming an object of deep anxiety, a puncture was made into the distended bowel, with the object of relieving it of its tumidity. The result was unsatisfactory; nevertheless what art was unable to effect, nature speedily accomplished. During the day a quantity of faecal matter had issued from one of the disturbed intestines, apart from the situation of the puncture, which was discovered on dressing the wound on the following day, and which formed the commencement of an artificial anus. By this means a considerable quantity of flatus and faeces were discharged, and the patient obtained immediate relief; the protruded bowel becoming of a deep red colour in twenty-four hours, and in an equal space of time was matted by coagulable lymph to the outer intestines, again forming a level and cicatrising sore. From this period the patient gradually progressed towards recovery; her pulse being 84, her tongue clean, and she herself in excellent spirits. The bowels, assisted by the injections, which were daily administered, began regularly to obey the demands of nature; and there appeared every prospect of future success, both as to the healing of the original wound and the restoration of the patient's health.

December 12th.—Mrs. Sankey continued her night pill up to this period. The wound, on this day, was reduced to about two inches in length by two and a half in breadth. Pulse 78, tongue clean, and appetite good. Continued the enema. Patient progressing favourably. I cannot here avoid bearing testimony to the great calmness and composure of mind displayed by Mrs. Sankey during the operation, and throughout the whole period of convalescence. It was quite evident that she possessed an inward tranquillity in the hour of extreme danger, which is not the common lot of humanity. Her fortitude was perfect. In the anticipation of speedy dissolution, she awaited the king of terrors with a triumphant smile, her trust and confidence being placed in Him in whom alone there is any hope when friends fail—the last sickness arrives—the world recedes—and the curtain of eternity begins to be undrawn. I state without hesitation, and it is my firm conviction, that the tranquillity of the pulse and frame, during the whole period, was entirely to be attributed to the peace of mind enjoyed by Mrs. Sankey. So far the patient progressed very favourably, but the most formidable obstacle to her complete recovery was now ascertained to exist, especially with regard to her feelings, in the untractable state of the artificial anus. To effect the speedy union of the sides of this opening, every effort that could be suggested was tried, but without avail. The edges of the orifice were pared, and brought into direct apposition by strong adhesive plaister, procured at the Infirmary, and supported by an excellent bandage. But invariably, on the following day, the plaister was found to be retracted under the bandages; the edges of the artificial ano-

ted, and to the annoyance of the patient, a considerable quantity of fæces were discharged, excoriating every portion of the sing sore with which they came in contact, producing not much unpleasantness, but also pain.

This subject now began to prove the only one of interest, and I stated that instead of the adhesion of the plaister being depended upon, a broad strip or two of strong plaister should be laid entirely round the patient, so that each extremity should communicate with, and upon, the separate edges of the orifice. That the outside of this plaister should be spread some common ointment, and that a plaister of pitch should also be used to draw together, and unite, the two terminating ends of the plaister; and thus remain in apposition, by the firm adhesion which this substance affords, the edges of the artificial anus. This method was adopted, and after twenty-four hours effectually fulfilled the object intended. No real discharge had occurred at all, when the dressings were renewed; but the patient expressed a strong antipathy to the pitch, and was discontinued. The entire wound was now healed, with the exception of the artificial anus and the excoriations produced by the real discharge. The argenti nitrat: was frequently applied to the sore, and it was suggested by Dr. Radford that a compress, or pad of thick caoutchouc, beneath the bandage, might be used to prevent the flow of fæcal matter. This was tried several successive days, but invariably failed; a variety of other means to effect this purpose were also adopted, but all proved equally useless. At length it was suggested by Dr. Radford that the artificial anus should be left open and unprotected, and all dressings were accordingly discontinued. On being thus left to her resources, the patient found that at least one pint of fæcal matter exuded in the space of an hour and a half; she immediately took the treatment into her own hands, and drew the edges of the wound together with adhesive plaister. Considering that it was not probable that some method should be resorted to which would effectually stop the discharge of fæcal matter, or we should altogether lose the patient in the estimation of our patient, I proposed the following: let the edges of the wound be again touched with the argenti nitrat: let two straps of adhesive plaister, made of strong cloth, be laid round the body of the patient, so that their terminating ends may reach just as far as the edges of the wound; let a piece of common calico of five inches in breadth be made, with hip gussets, so as to reach entirely round the body of the patient, to the same length as the adhesive plaister; let four or five buckles, and straps, be attached to the terminations of the bandage, so that they may be employed to draw the edges of the wound together; let the terminations of the adhesive plaister and of the calico be sewed together by a few running stitches, that by drawing together the extremities of the bandage, the plaister may be drawn simultaneously, and with it the skin and edges of the wound, into adherent contact beneath. A small portion of lint was placed



of the wound were, by this means, brought into perfect apposition and on the following morning we had the satisfaction to observe the *entire absence* of faecal matter. The straps were now slightly loosened; the lint removed, the sore washed by a small sponge with water, and a fresh portion applied; the straps were again tightened, the edges being still in apposition, and this state of things was ascertained to be permanent. Week after week a diminution was observed in the amount of fluid which escaped upon any considerable movement of the patient (who now went down stairs), and satisfied was Mrs. S. with the efficiency of the bandage, that she continued to wear it to the period of her death; and at the end of twelve months not more than half a teaspoonful of a serous fluid could at any time be discovered. From the exceedingly propitious result of this case, I cannot resist the opportunity of recommending the contrivance in all cases of a similar nature; it may be adopted in many instances, where it is intended to dispense with the sutures, and especially in cases of abdominal wounds, either from accident or surgical operation, and will prove a powerful adjunct to the ordinary sutures, if it do not render their employment entirely unnecessary.

The infant continued in excellent and vigorous health for several months; she was named Julia Cæsaria, and, together with her mother, occasioned no small sensation when making their appearance at public worship. On the 27th of the following June, however, she became the subject of a very severe bowel affection, which prostrated her so suddenly, that she was placed beyond the reach of medical aid, before the arrival of her professional attendants. She died in two or three days after her first seizure, being seven months and a few days after her extraordinary entrance into the world.

"*Nemo mortalium omnibus horis sapit.*" It is deeply to be regretted that, in this case, the extirpation of the ovaries, or Fallopian tubes, was not performed, for, in spite of all the admonitions offered, the ties of nature, the religious obligations of marriage, and the social duties of connubial life, combined with the thorough conviction that an organ so mangled and incised, could not again perform its natural function, overcame every remonstrance, and information was received, on the 25th of September, that Mrs. Sankey was again pregnant.

At this time the catamenial flow had ceased for two months, but there was no enlargement of the mammæ, or change in the areolæ of the nipples; no morning sickness was experienced, and there existed no perceptible change in the desires of the stomach, or in the organs of sensation; still there was a progressive increase in the size of the abdomen, and a feeling on the part of the patient that she was decidedly pregnant. On seeing her, I requested that a second opinion might be obtained, as the case was one which demanded a consultation. I mentioned several gentlemen of high standing in this town, but Mrs. Sankey refused to allow any one to visit her but my respected colleague, Mr. Close; and the mode of treatment we pursued was adopted in consequence of the follow-

considerations:—Here is a valuable member of society, and a great ornament of the Christian community; a devoted wife, and a tender mother to three children, who all, as yet, require her careful care; in addition to whose domestic value, properly to appreciate her life, it would be necessary to consider the extensive influence of a Christian mother in all its moral bearings on society. In order to preserve the life of this mother, what must be done? If she advances to the full period of pregnancy, no prospect of life, either to the infant, is afforded, except by the bare chance of escape effected by a repetition of the Cæsarian operation; and in considering the practicability of thus saving her, when we reflect upon the dangerous wound, the matting together of the whole mass of intestines in the vicinity of that wound, and the impossibility of ever making an incision through such a structure without inducing the certain death of the patient, all ideas of this operation disappear, and all such intentions are immediately negatived. But the case is growing nearer and nearer to a close—in another month or two the probability of the foetus will be so much increased, as to render its escape impossible by the contracted pelvic passage, and the operation of Cæsarianotomy is altogether impracticable. Not an hour must be lost—either abortion must be induced, or the mother must necessarily die. But abortion involves the destruction of another life, which is thus placed in competition with her own, if, at this early period of pregnancy, it can be said that two lives are placed in competition.

The existence of the foetus, is but, at the most, a probability, and by no means certain; besides, who can decide, if actually existing, that it is not encephalous—or a monstrosity—another, or deformed. Supposing, however, for the sake of argument, that a genuine, perfect, living foetus exists, which of these two shall

Shall the mother, whom we have known, and seen, and loved; or shall her offspring, which has not perceived the light of day, which has not been involved in the troubles and sorrows of humanity, which has not been bound by the ties of kindred or the affections of social life, and has never experienced the fear of death? We will not hesitate—the laws of society—of social economy—of all created nature, would respond as with one voice! Mathematical science would not experience any difficulty in the solution of this problem—the laws of our country, the teachers of medical jurisprudence, the maxims of our lecturers on midwifery, together with the ordinary usage of the profession, all with one consent declare in favour of the more valuable life. The second question which arises is the following:—viz., What is my duty as a professional man? Shall I, as such, use my art for the relief of the afflicted, for the preservation of life, and for the prevention and cure of disease only, for which I have been instructed; or shall I assume the office of judge of the thoughts, intents, and actions of my fellow-creatures? Am I thus recognised by the eye of the law? No! My requirements are simply and sedulously to fulfil the duties of my profession, and to appear in the witness box to give evidence, when called upon. Suppose an individual had been engaged in highway

robbery, or in any civil commotion, and that in the affray he received wounds of a most serious nature, what is the duty of the medical man? To dress the wounds, or to sit as judge over the culprit and say, "You received these wounds when transgressing the laws of your country, and therefore you may die, for I pronounce you unworthy the benefits of my assistance?" Shall I then say, "Mrs. S., you have been fully informed of the consequences of this affair; you have proceeded with the certain knowledge that the loss of life would be the result, and therefore *you* must die; I will preserve the unoffending foetus, if we can!" This was not the case; Mrs. Sankey had experienced as complete a recovery of both mother and child as ever was witnessed, and had undoubted reason to estimate the future from the experience of the past; and if any one, under such circumstances, dared to risk the result, her conduct rested between herself and her Maker, for there is no human law yet promulgated to restrain such a course. One question yet remained to be solved, and upon which, in my opinion, doubt and hesitation could alone arise. Before deciding the question of the comparative value of human life, it has occurred to me since the termination of this case, to enquire whether it has yet been established that we possess the authority, or power, to take away life at all, either foetal or parental. Has the authority to destroy that life which man cannot give, been committed to him by the great Creator of all things? The laws of our country take away the life of the murderer with perfect justice, for the word of God expressly declares that "he who sheddeth man's blood, by man shall his blood be shed." The soldier rushes into the battle-field, and, fired with martial ardour, mows down his fellow mortal as the grass in the field, and deluges the earth with his brother's blood. This accords with ancient custom; but does it sit easy on his conscience in cooler moments? The householder sees the midnight marauder within his domain; he knows that his gold, his goods, his life, and the objects of the ruffian's desires; in self-defence he fires upon him, as he stealthily enters his apartment, and the robber falls and expires. The usages of society, as well as the laws of our country, declare this man justified in his deed. But what says the word of God? Man may not *live* according to it, but he *must die*, and he cannot escape the conviction that he must be judged by its precept and be eternally rewarded or punished, according to its decision. Who possesses the right to usher into the presence of his Maker that life "*whose members were all written in his book, before as yet there were any of them.*" Such solemn thoughts as these would, at least, induce a professional man to pause and meditate, ere he administers the dose that is to prove destructive to human life.

Having, at length, determined upon the course to be pursued, we directed, at first, drachm doses of Scacale Cornut: to be administered daily, and afterwards 20 grains of the same, at more frequent intervals. On the 28th of September we commenced the administration of the Infus: sabinae, in gradually increasing doses, beginning with six grains; this was continued until the twelfth of



ber, when half-drachm doses were administered, combined with same quantity of secale cornut: ter in die. These measures, the pil: aloes: c; myrrh as an aperient, formed the method of treatment until the 29th of October, at which time Mrs. Sankey, experiencing no change in any respect, entreated us to desist from further attempt. In consequence of the absence of any symptom, by which it could be determined that the desired action of the medicines employed had taken place, we abstained from the further administration of remedial agents, with the exception of the pil: c; myrrh, as an occasional aperient. After this period our patient remained in tolerable health and spirits, and continued as before from the occurrence of uterine pains, weight, or unpleasant feeling, as since the commencement of the treatment, until the evening of December 7th, which was more than a full month after discontinuance of these measures. On this day, being summoned to attend, I discovered that during the night Mrs. Sankey had delivered a foetus of about two months growth, at which both the patient and myself were well pleased; and, with the exception of vomiting, she continued to progress favourably for two or three days. The placenta, however, was delayed, and although no hæmorrhage of any moment occurred, anxiety was experienced on account; it was with much difficulty detected protruding from the os uteri, from which it was impossible to remove it. Ordered Sec: two drachms aq: ferv: three ounces; ft: infus: stat: sumend: and to relieve the sickness, a saline mixture was ordered to be taken during convalescence. The Sec: cornut: was repeated on the following day, during the interval many attempts were made, both by manipulation and instruments, to remove the placenta, which was now impacted in the brim of the pelvis. On the third day I was enabled sufficiently to lay hold of it, so, as by very strained exertion, between two fingers used as forceps with the assistance of pressure on the abdomen, to succeed in extracting it entire. This desirable accomplishment produced considerable satisfaction, for Mrs. Sankey was already beginning to suffer from the foetid and decomposing effluvia of the retained placenta.

The febrile action was now observed in the system, and even more violent symptoms were, in some measure, anticipated; and, after removal of the placenta, the patient complained of slight tenderness in the region of the old wound. The hæmorrhage was so moderate, that it merely saturated three napkins; the vomiting increased, and a mustard poultice was applied to the epigastrium. Other remedies were also employed, but the patient gradually sunk, exhausted by continual vomiting, and the shock of parturition. She died on the 12th of December, and on the evening of the following day we made a post-mortem examination of the body.

POST-MORTEM EXAMINATION.—On inspecting the body an orifice the size of a pin point, was discovered in the situation of the old wound, and the linen around it was moistened by about six ounces of slightly coloured serous fluid. On opening the abdomen, several glucing and matting together of the arch of the colon and

omentum to the adjacent intestines (in an area of the extent of eight or nine inches), and to the cicatrised skin of the abdomen was observed; which, as will be remembered, was developed from and healed upon, the exposed peritoneal covering of these viscera. Much flatulent distention of the colon existed, and it was fully proved that no Cæsarian section could have been again performed.

The agglutination of the parts, through which the incision must have penetrated, rendered the performance utterly impossible. It would have been necessary (as it was in simply opening the body after death) to have dissected the skin from the subjacent omentum; and the dissection must have been continued, until the whole of this latter had been completely separated from its adhesions to the smaller intestines; and they, also, would have required separating from each other, before the uterus could have been exposed. Fatal as the case had proved, we could not avoid a feeling of satisfaction that the measures adopted had been directed towards the induction of abortion, instead of reserving the mother for an operation, which would have proved fatal in the very hour of performance. The gall bladder and duodenum were distended with black bile; and the uterus was empty, and considerably congested at its fundus. The cicatrix of the original incision into the uterus was well defined, and there was no adhesion of the fundus to any adjoining viscera. There were no other decided marks of inflammatory action. The opening into the cavity of the pelvis, instead of presenting its proper oval form, appeared as exhibited in the accompanying diagram fig. 1st.

On measuring the pelvis from its right to the left brim of the ilium, it was ascertained to be nine inches in diameter. The acetabula and ossa ilii were pushed upwards and backwards, and the promontory of the sacrum was forced downwards to meet them, leaving a space between the projecting portions of the ossa ilii and sacrum which measured an inch and a quarter. The remaining space between these bones was only just sufficient to allow the introduction of the fingers, being from half to three quarters of an inch.

Figure 2nd exhibits the perpendicular section of the pelvis shewing the projecting promontory of the sacrum, ossa ilii, and the cavity of the vagina, &c., which was about three inches in its perpendicular axis.

From the pubis to the margin of the ribs  $7\frac{3}{4}$  inches; to the point of the sternum only 9 inches.

The pubis and conjoined ossa ilii are also seen projecting inwards and backwards, and thus diminishing also the vaginal cavity.

In figure 3rd is exhibited the form of the external outlet. The tuberosities of the ischium, joined in the centre. The anterior fissure between these bones was only half an inch in diameter; the posterior opening was laterally two inches, and antero-posteriorly two inches and three quarters in diameter.



FIG. I.

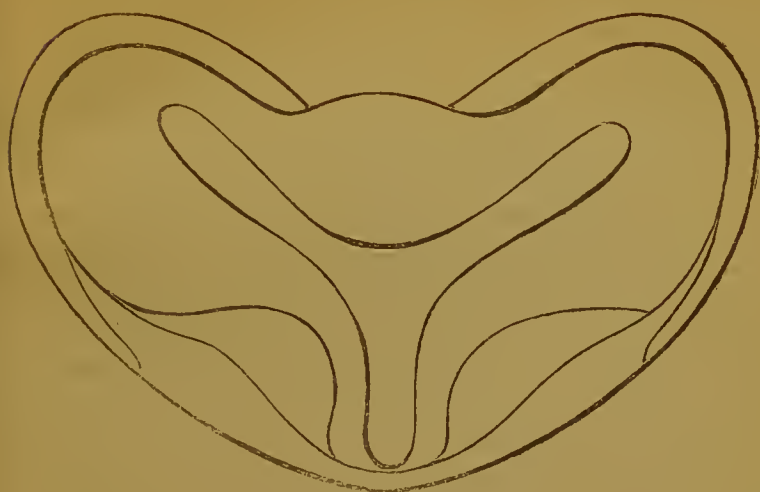


FIG. II.



FIG. III.

